



3653 Regent Boulevard, Suite #509 Jacksonville, FL 32224
 P. (904) 807-9625 F. (904) 807-9627
 Certification#: E821059

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
 & LABORATORY REPORTING FORMAT**
 (62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Lab Receipt Date & Time: _____
 Analysis Date & Time: _____
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice
 Cooler Temp: _____ °C Sample Temp: _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: _____ **PWS I.D.** _____

PWS Address: _____ PWS or PWS Owner's Phone #: _____

_____ Fax/Email: _____

Collector: _____ Collector's Phone #: _____

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: _____

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² :				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# _____)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Note: A = ABSENT / P = PRESENT
 Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____
Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report
 Company: _____
 Address: _____
 Attention: _____
 Phone #: _____
 Fax/Email: _____

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I 16.
² For Analysis Methods see Instructions item II 6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Lab General Form 029, Rev. #3; Rev. Date: 02/01/21, Effective Date: 02/01/21.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT**

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

1. Analysis Requested..... Check the box next to the type of test being requested.
2. Public Water System (PWS)..... Provide the full name of the public water system.
3. PWS I.D..... Provide the 7-digit DEP PWS ID number.
4. PWS Address..... Indicate the PWS's mailing address.
5. City..... Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone #..... Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax #..... Provide the PWS or PWS owner's fax number.
8. Collector..... Provide the sample collector's first and last name.
9. Collector's Phone #..... Provide the sample collector's phone number.
10. Type of Supply..... Check the box next to the type of PWS or source being tested.
11. Reason for Sampling..... Check the box next to the reason the samples are being collected.
12. Sample Collection Date..... Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample #..... Provide a unique number for each sample.
14. Sample Point..... Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time..... Provide the time of collection for each sample collected.
16. Sample Type..... Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
17. Disinfectant Residual..... Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH..... Not required for drinking water samples.
19. Average of Disinfectant Residuals..... Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method..... Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis..... Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report..... Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number..... This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time..... Indicate the date and time samples were received in the lab.
3. Analysis Date & Time..... Indicate the date and time of analysis.
4. Sample Preservation..... Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check..... Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s)..... Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B").
The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform..... Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform..... Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform..... Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli*..... Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci..... Indicate the presence or absence of enterococci bacteria.*
12. Coliphage..... Indicate the presence or absence of coliphage. *
13. Data Qualifier..... Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample #..... Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results..... In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results..... In the event of fecal coliform, *E. coli*, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature..... Signature of lab director or other authorized representative of the lab.
18. Title..... Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count